Case 3:16-md-02738-MAS-RLS

Declaration of Jacqueline Byrd

Filed 09/20/24

Page 1 of 3 **Ex. 10**

	$_{ m I,}$ Jacqueline Byrd $_{ m ,be}$	eing of legal age and u	under no legal disability, here	by declare as	
follow	•		<u> </u>	•	
1.	$_{ m I,}$ Jacqueline Byrd	as born on PII -196	and currently res	side in the	
	State of Texas				
2.	I have retained Jim Onder, and the law f Johnson & Johnson talcum powder prod ovarian or gynecological cancer ("Talc o	ucts caused me, Jacq		t exposure to to develop	
3.	OnderLaw has advised me regarding the terms of the currently proposed Prepackaged Chapter 11 Plan of Reorganization of the Debtor (the "Plan"), which proposes to resolve my Talc Claims, as well as those of other current and future talc claimants, through Chapter 11 Bankruptcy.				
4.	As reflected in my Ballot for Talc Claim favor of the Plan, which my counsel at C			on, I voted in	
5. I have since learned that BEASLEY ALLEN					
	also attempted to cast a vote on my beha Plan. This is not accurate.	alf, and made the repre	esentation that I had voted ag	ainst the	
6.	6. BEASLEY ALLEN				
	is not my chosen counsel and does not re of choice.	epresent me regarding	g Talc Claims. OnderLaw is 1	ny counsel	
7.	I have no recollection of ever receiving BEASLEY ALLEN	any direct contact from	m		
	regarding the Plan, or asking me how I v BEASLEY ALLEN	would like to vote. In	never directed		
	to cast a ballot on my behalf against the	Plan, which I support			
8.	I support the Plan, and the vote cast by BEASLEY ALLEN				
	without my consent does not reflect my	wishes.			
United	I declare, under penalty of perjury, and use States of America that the foregoing is to			and the	
Evenue	ted this 6 day of September , 202	o ₄ Gainesville	Texas		
Execui	ted this 6 day of September, $\frac{6}{(month)}$, $\frac{202}{(ye)}$	ear) ((city, state)		
		Jacquehie Byol	Signed at: 2024-09-06 15:16:54		
		Jacqueline Byrd			
		<u> </u>			

to REJECT / Against the Plan



BALLOT FOR TALC CLAIMS - VOTING ON PREPACKAGED CHAPTER 11 PLAN OF REORGANIZATION OF THE DEBTOR

This Ballot may be completed by the claimant or their authorized representative.

CaseID: 2023019972					
Date: 06/25/2024					
Who are you filling out this ballo Yourself (Injured Party)	ot for? (please select one	e)			
On Behalf of a Loved One	(Personal Representative	e)			
Representative Information (If	f Applicable)				
First Name:	Middle Initial:	Last Name:		_ Suffix:	
Street Address:					
Street Address 2:					
City:			Zip:		
Phone #:	E-mail Ad	dress:			
Relationship to Talcum Powder					
Spouse □	Legal Guardian	□ Execu	tor of Estate		
Child □	Parent	□ Successo	or in Interest \square		
Administrator of Estate □	Sibling		Other \square		
If other, please specify type of re	elationship:				
Injured Party Information					
First Name: Jacqueline	Middle Initial: L	_Last Name: Byrd		Suffix:	
Street Address: PII					
Street Address 2:					
City: PII	State: PI	I	Zip: P	II	
Phone #: PII	E-mail Ad	dress: PII			
Date of Birth: PII /1961	Social Security #: PI	I 3096			
Vote on the Plan:					
The undersigned, as a holder of	a Channeled Talc Person	nal Injury Claim (or	their authorized	d representative)	
votes: (please select one)	D1				
to ACCEPT / In Favor of the Plan					

Disease/Use Question:

What disease type is your /	the claimant's	Channeled	Talc Personal	Injury Cl	aim based	upon? (1	please
select one)							

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Ovarian Cancer

Gynecological Cancer

O Other disease excluding Mesothelioma and Lung Cancer

If other, please specify:

Is your / the claimant's Channeled Talc Personal Injury Claim supported by a diagnosis of the disease type identified in response to the question above? (please select one)

Yes

O No

Did the individual with the asserted disease used J&J talcum powder on her own perineal area after puberty for a minimum of four consecutive years? (please select one)

Yes

O No

By signing this Ballot and Power of Attorney (POA), the undersigned, as the holder of a Channeled Talc Personal Injury Claim (or their authorized representative), certifies, under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the following statements are true and correct:

- I have been provided with a copy of the Disclosure Statement with all exhibits, including the Plan with its exhibits, and two letters—one from LLT and one from the AHC of Supporting Counsel—urging claimants to vote to ACCEPT / in favor of the Plan.
- I have a reasonable belief that I am / the claimant is the holder of a Channeled Talc Personal Injury Claim in Class 4 under the Plan as of the Voting Record Date.
- I have a reasonable belief that the information I have provided in this Ballot is accurate, including, without limitation, the responses set forth to the Disease/Use Questions.
- I acknowledge that a vote to accept the Plan constitutes acceptance of my / the claimant's treatment as a holder of a Channeled Talc Personal Injury Claim.
- I have full power and authority to vote to ACCEPT / in favor of or to REJECT /against the Plan in my capacity as either the claimant or their authorized representative.
- I hereby grant to OnderLaw, LLC authority to take all actions necessary to cast my vote on the Plan including, without limitation, the authority to include my vote as part of a master ballot.
- I also do hereby grant a limited and specific power of attorney to OnderLaw, LLC, to act as Attorney, in fact, on my behalf, with the full power and authority to prepare a ballot and vote on my behalf to accept or reject any bankruptcy plan applicable to my claim, and/or to include me as part of a master ballot.

Print your name below: Jacqueline L Byrd		
Country 1 Bard	Signed at:	

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